**Manufacture of PABX by private sector**

1138. SHRIMATI VEENA VERMA: SHRI KAPIL VERMA;

Will the Minister of COMMUNICATIONS be pleased to state;

(a) what is the number of private manufacturers, to whom licenses for manufacturing PABX and other tele phone instruments were issued ia 1983, who had still not commenced the production;

(b) what action has been taken in the matter; and

(c) what is the extent to which private sector is being involved in extending telephone net work to rural areas besides manufacturing PABX and other telephone instruments?

THE MINISTER OF STATE IN THE MINISTRY OF COMMUNICATIONS (SHRI SANTOSH MOHAN DEV): (a) Nil.

(b) Does not arise in view of (a).

(c) Besides PABX, the private sector can manufacture all terminal equipment for installation at subscribers premises like telephone sets, teleprinter, Data Terminal etc. Private Sector can also participate in the manufacture of Switching and transmission equipment with at least 51 per cent shares being held by the Centre/State Government and maximum of 49 per cent being held by-the Private parties.

**Conference /of Health Ministers and *the* Health Secretaries**

1139. SHRI S. S. AHLUWALIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) whether a conference of Health Ministers and Health Secretaries was held in 1986 in New Delhi;

(b) if SD, what were the details thereof A ld the decisions taken at this conference in regar^ to improv-| ing service conditions of doctors and to improve and provide medical services in rural areas of the country; and

(c) what are the names of rural areas of Bihar where Government propose to implement the decision taken at the conference in respect of making improvement and providing medical services?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARl SAROJ KHAPARDE); (a) and (b) Yes, Sir. A Conference of State Health Ministers and Health Secretaries was held in September, 1986 in New Delhi. The Conference deliberated upon the issues relating to improving primary health care services rn rural areas and recommended that: —

(i) Targets for establishment of sub-centres and primary health centres be achieved and considering the importance of this programme it must be given the highest priority in the allocation of funds in the State Plans.

(ii) In addition to fulfilling the infrastructural; target^, earnest efforts be made to mproved the quality of services rendered by all primary health care institutions.

(iii) All sub-centres should be manner by trained personnel and training facilities for male multipurpose worker be suitably expanded. The allocation for drug supply to sub-centres and provision for rent may be raised.

(iv) A one time grant should be provlided for strengthening of laboratory facility in PHCs.

(v) Voluntary organisations may 1 be involved in training and delivery of primary health care.

(vi) In order to attract doctors to rural areas, attractive incentives such as rural allowance, house rent allowance, free quarters and other